

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K95231** (2)

1. Corporation Name

RDI MARKETING & DEVELOPMENT, INC.



Principal Place of Business

**1780 PALM COVE BLVD.
SUITE 205
DELRAY BCH. FL 33445
US**

Mailing Address

**1780 PALM COVE BLVD.
SUITE 205
DELRAY BCH. FL 33445
US**

2. Principal Place of Business

21 **5 NW 39th STREET**

Suite, Apt. #, etc.

22 **SUITE 3**

City & State

23 **MIAMI FL**

Zip

24 **33127**

Country

25 **DADE**

2a. Mailing Address

26 **5 NW 39th STREET**

Suite, Apt. #, etc.

27 **SUITE #3**

City & State

28 **MIAMI FL**

Zip

29 **33127**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

**NOTO, MICHAEL A.
505 S. FLAGLER DR.
SUITE 1001
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified

06/14/1989

3a. Date of Last Report

07/21/1995

4. FEI Number

65-0137068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and that agent's address

(Print. Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
REIZES, BURTON
1780 PALM COVE BLVD., STE. 205
DELRAY BCH. FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

**P
BURTON REIZES
5 NW 39th STREET, SUITE 3
MIAMI, FL 33127**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

**200001854042
-06/06/96--01088--050
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/94

305-573-6955

Daytime Phone #

CR2E034 (12/95)